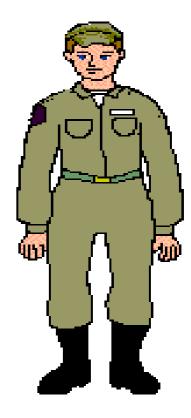


### **Armed Forces College of Medicine AFCM**







# The Gluteal Region I By Prof Azza Kamal

#### **Intended Learning Outcomes**



By the end of this lecture, each student should be able to:

- 1) Define the gluteal region.
- **Enumerate** the cutaneous nerve supply of the four quadrants of this region.
- Describe the attachments, nerve supply and action of the three glutei & tensor fasciae latae.
- 4) Describe the important role of glutei medius & minimus during walking.
- 5) Comment on the effect of unilateral or bilateral paralysis of glutei medius and minimus.
- **Demonstrate** the safe site for giving IM injection in the gluteal region sor Azza Kamal/ Musculoskeletal & Integumentory System

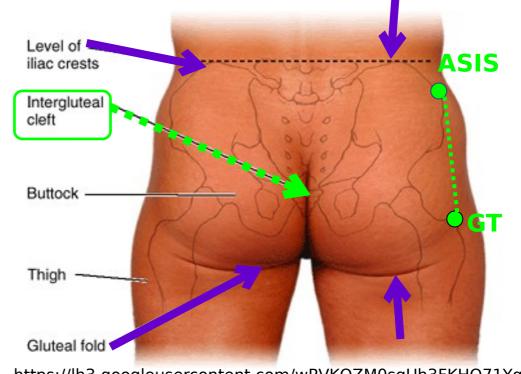
#### **KEY POINTS OF LECTURE**

- 1)Attachment, nerve supply & action of:
- a)Gluteus maximus
- b)Gluteus medius
- c)Gluteus minimus
- d)Tensor fascialatae
- 2) Role of Gluteus medius & minimus during walking
- 3) Effect of unilateral & bilateral paralysis of Gluteus medius & minimus
- 4) Safe site for giving IM injection

#### **Gluteal Region:**

 It extends from the iliac crest above to the gluteal fold below & from the natal cleft (intergluteal cleft) medially to a line extending from ASIS to

Greater



https://lh3.googleusercontent.com/wRVKQZM0sgUh3FKHO71Ygo

NB: gluteal fold is a skin fold at the junction between gluteal region & back of thigh.



### Cutaneous nerves of the gluteal region

#### **Upper & Anterior:**

**Subcostal (T12)** 

Iliohypogastric (L1)

#### **Upper & Posterior:**

Post rami of L1,2,3

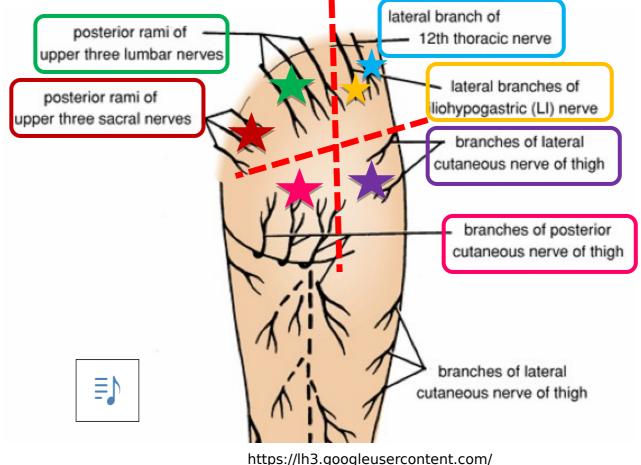
Post rami of \$1,2,3

#### **Lower & Anterior:**

Lat.cut.n.of thigh L2,3

#### **Lower & Posterior:**

Post.cut.n.of thigh S1,2,3





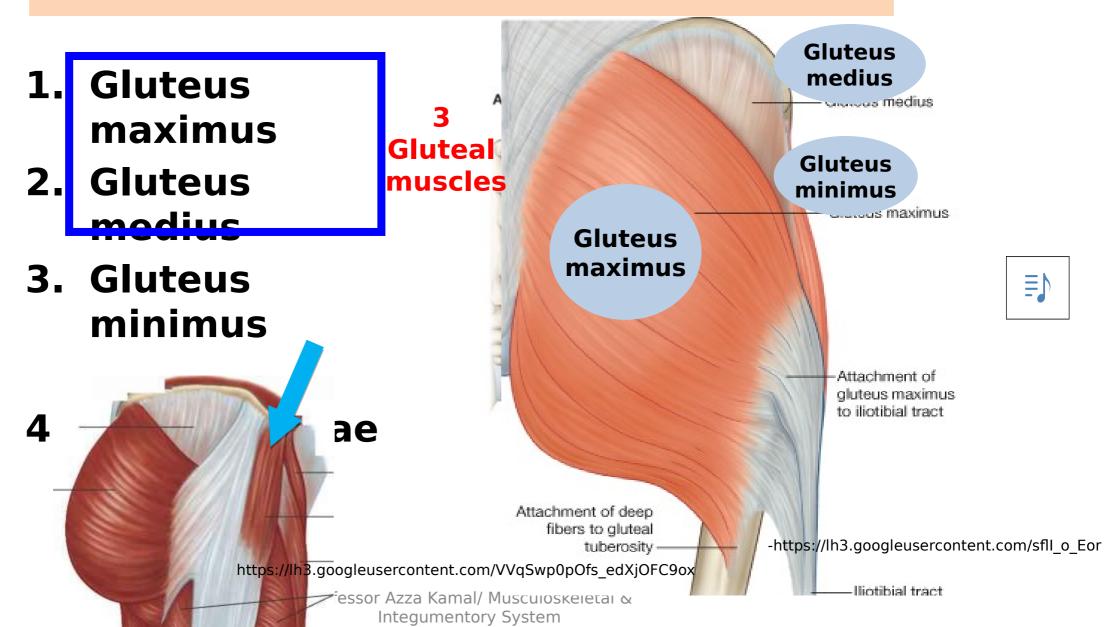
# Muscles of the gluteal region

Large muscles
Glutei 3"

Small muscles lateral 6"

All these muscles are supplied by nerves derived from sacral plexus except one muscle which is supplied by a nerve from

#### Large muscles of the gluteal region



## Small muscles of the gluteal region

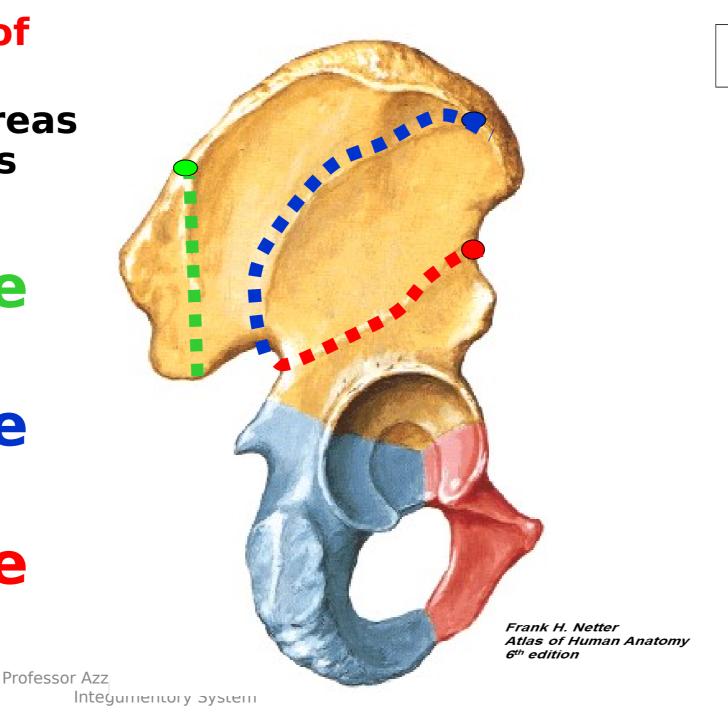
- 1. Piriformis
- 2. Obturator internus
- 3. Superior Gemellus
- 4. Inferior Gemellus
- 5. Quadratus

6 lateral Potators of hip
ey stabilize the hip Joint (help to maintain the headrator
of femur in the acceptabulum)

https://lh3.googleusercontent.com/ 1MpaVALIkzbSXjCZ2ZKldjL

Gluteus medius

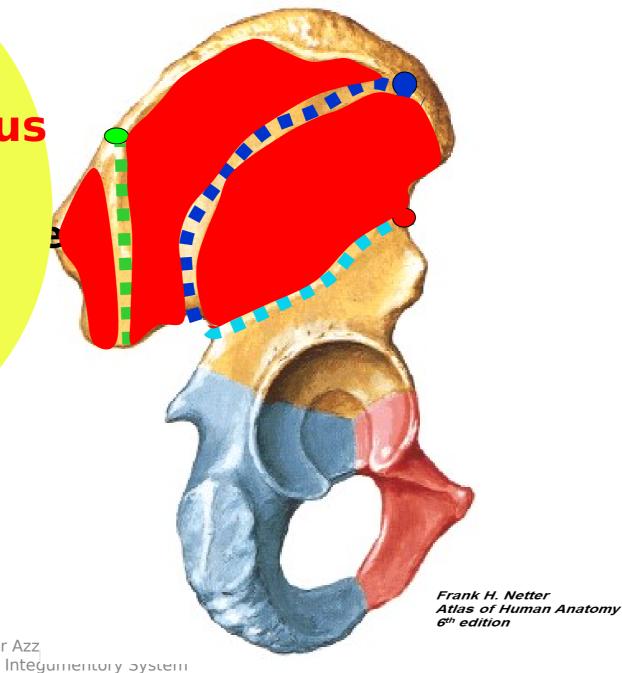
- Gluteal surface of ilium:
- Divided into 4 areas by 3 gluteal lines
- 1.Posterior gluteal line 2.Anterior gluteal line 3.Inferior gluteal line



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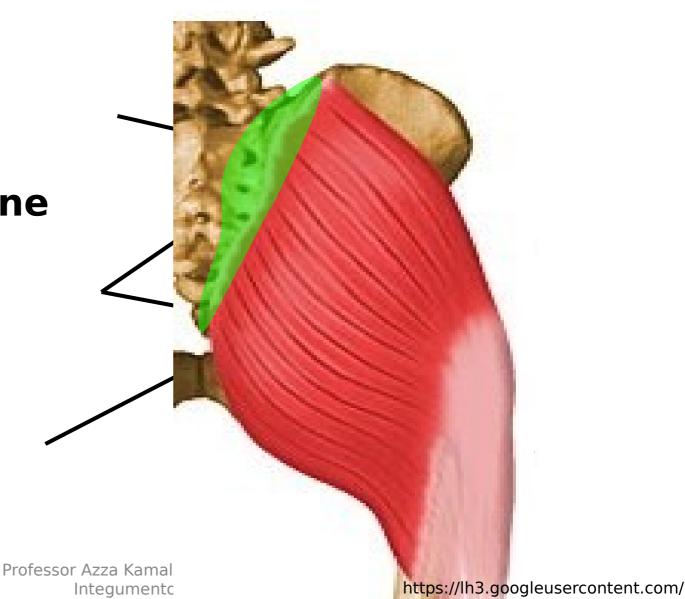
between anterior & inferior gluteal lines



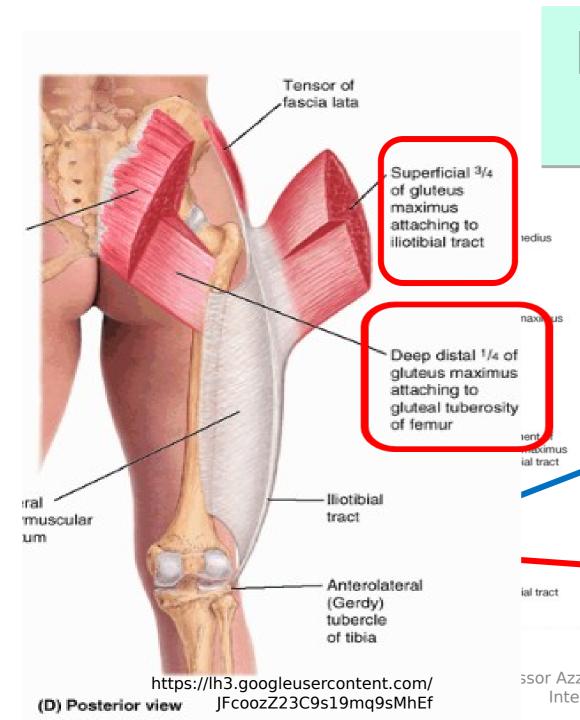


#### Gluteus maximus

- Origin
- Gluteal surface of ilium behind posterior gluteal line
- Back of sacrum & coccyx
- Back of sacrotuberous ligament



IBbDSc8aFBI2Mplm4f0vaIB



## Insertion of gluteus maximus

Superficial ¾ into Hiotibial tract

Deep ¼ into gluteal
ssor Azza Kama Lubertosity
Integumentory System

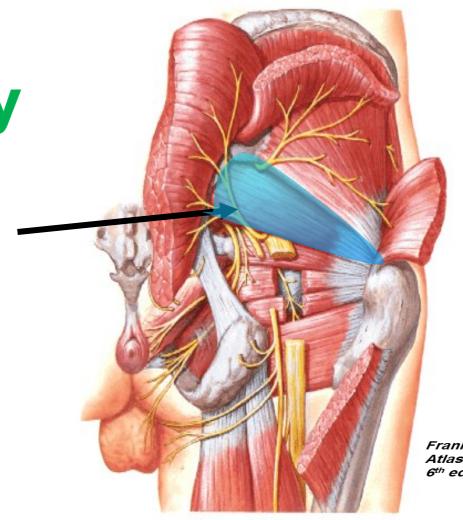


#### Gluteus maximus

Nerve supply Inferior gluteal

nerve

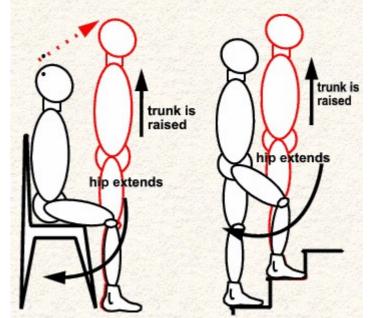


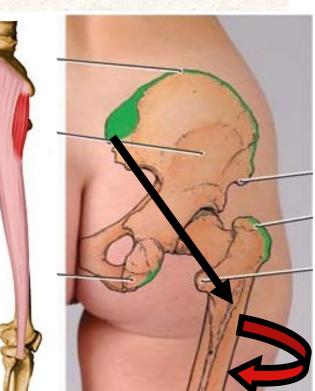


Frank H. Netter Atlas of Human Anatomy 6<sup>th</sup> edition

#### Action of gluteus maximus

- The main & strongest extensor of the hip joint (essential in standing up from the sitting position, climbing up stairs and running)
- Assists in lateral rotation of the thigh
- Through its attachment to iliotibial tract, it stabilizes hip bone on femur & femur https://lh3.googleusercontent.com/on tibia during standing to -gH1Sbi9EGETdv of https://lh3.googleusercontent.com/on tibia during standing to -gH1Sbi9EGETdv of https://lh3.googleusercontent.com/on tibia during standing to -gH1Sbi9EGETdv of https://lha.googleusercontent.com/on https:/













Extension of the hip against resistance (e.g. rising from sitting position)

Extension of the hip against resistance (e.g lifting heavy weights from ground)



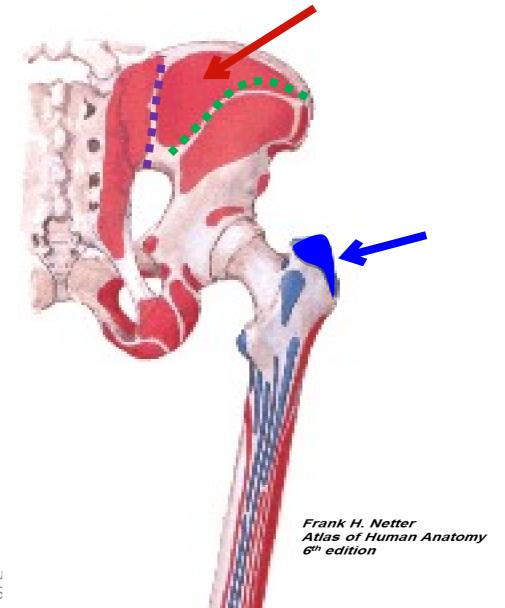


**Extension of the hip against resistance** 

continuously active in strong lateral rotation of the thigh

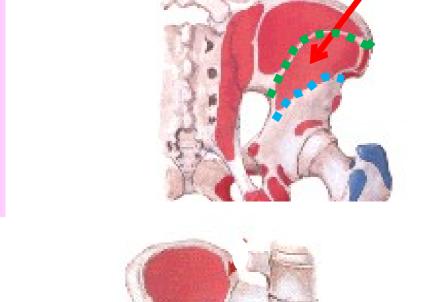
#### Gluteus medius

- Origin [] gluteal surface of ilium, between anterior
   & posterior gluteal lines
- Insertion []
   lateral surface of
   greater
   trochanter



#### **Gluteus minimis**

Origin []
 gluteal surface
 of ilium,
 between
 anterior &
 inferior gluteal
 lines



Insertion []front of

greater

Professor Azza Kamal/ I Integumentory

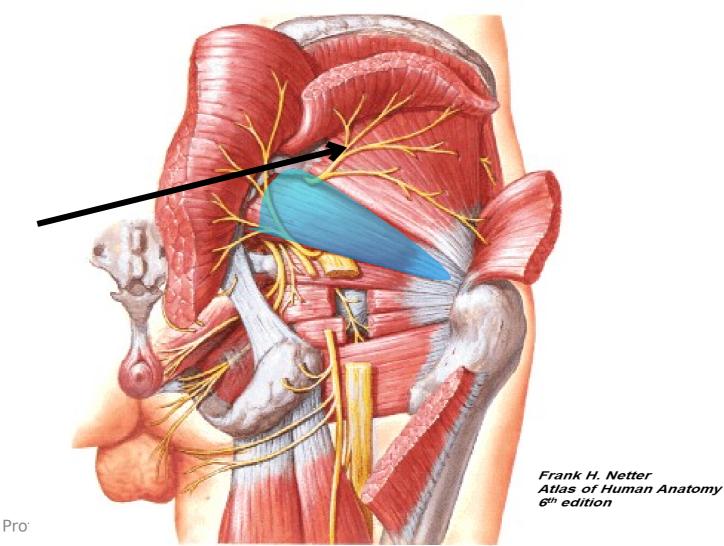


6th edition



#### Gluteus medius & minimus

Nerve supply: superior gluteal ner

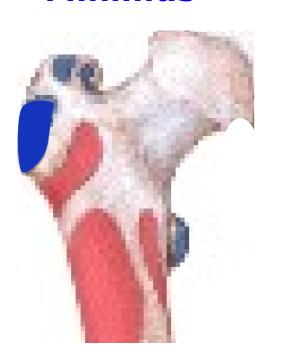




**Minimus** 



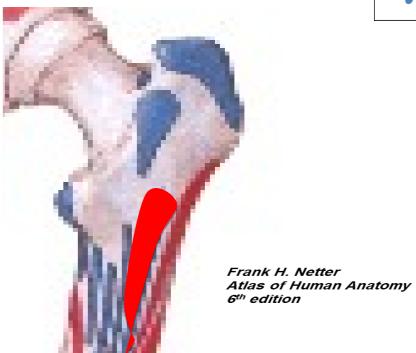
**Medius** 





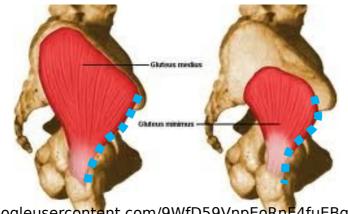
**Maximus** 



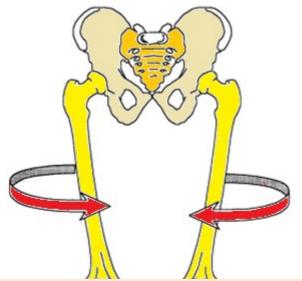


letal &

#### **Action of gluteus medius and minimus**



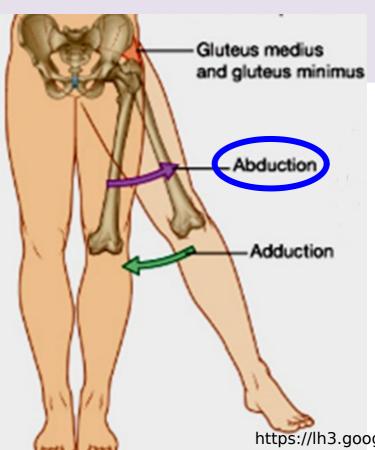
https://lh3.googleusercontent.com/9WfD59VnpEoRnE4fuEBg



Their anterior fibers

6/11/24 https://lh3.googleusercontent.com/27cF2rutlMve6ZNdKfhEFUtegumentor

Main abductors of





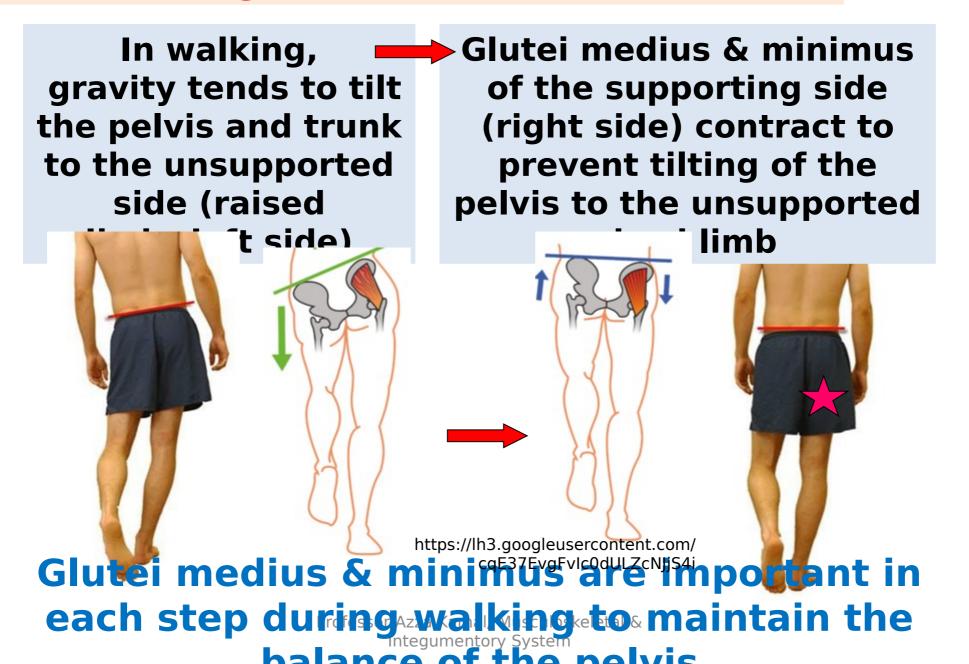
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## Action of glutei medius & minimus





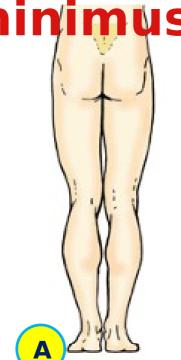
#### Action of glutei medius & minimus

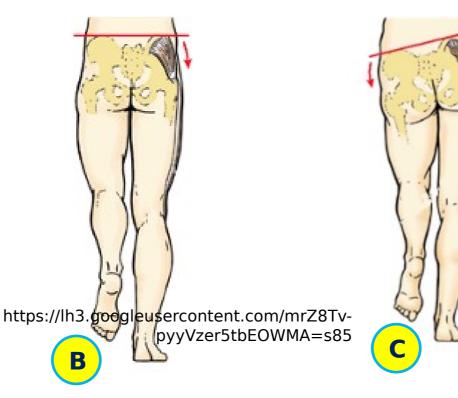




#### Action of gluteus medius and

minimus







(A) When the weight is carried by both feet, the pelvis is evenly supported and 6/1 does not tilt

(B) When the weight is carried by the right lower limb, the muscles on the right side fix the pelvis so that it does not tilt to the unsupported left side.

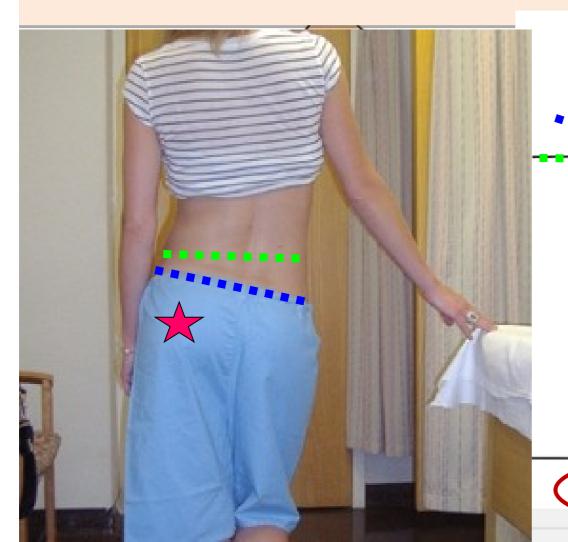
Integumentory System

(C) When the abductors on the right side are paralyzed (due to a lesion of the right superior gluteal nerve) fixation by these muscles is lost and the pelvis tilts to the unsupported left side (positive Trendelenburg

# Positive Trendelenburg's sign

Ask the patient to stand on the affected side (Lt side) the pelvis tilts to the normal unsupported side (Rt side) indicating a positive TRENDELENBURG SIGN





https://lh3.googleusercontent.com/ hPKIDGUzes3mODKfl5hGCt

Paralysis of the glutei medius & minimus due to injury of superior gluteal nerve leads to:



In case of unilateral paralysis

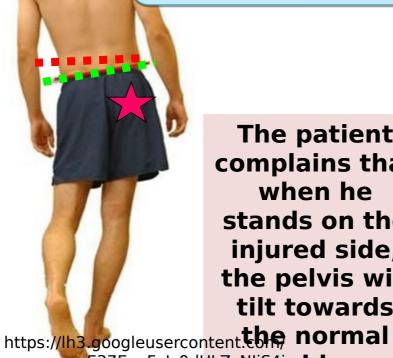
Lurching gait

In case of bilateral paralysis

Waddling gait



Waddlin g like a duck



The patient complains that when he stands on the injured side, the pelvis will tilt towards

cqE37EvgFvlc0dULZcNJjS4iside

The patient complains that during walking the trunk is flexed from side to side with each step

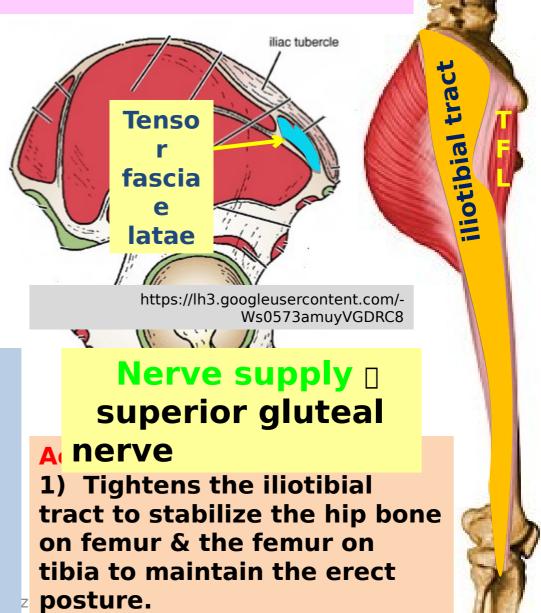
Kamal/ Musc mentory System



#### **Tensor fasciae latae**

 Origin [] from anterior part of outer lip of iliac crest

 Insertion [] into iliotibial tract, which attaches to lateral condyle of tibia



2) Helps extending

A 54 -year- old male presents with difficulty in walking. When asked to stand on <u>his left foot</u>, his right hip tilts significantly downward.

Which of the following nerves is the most likely injured?

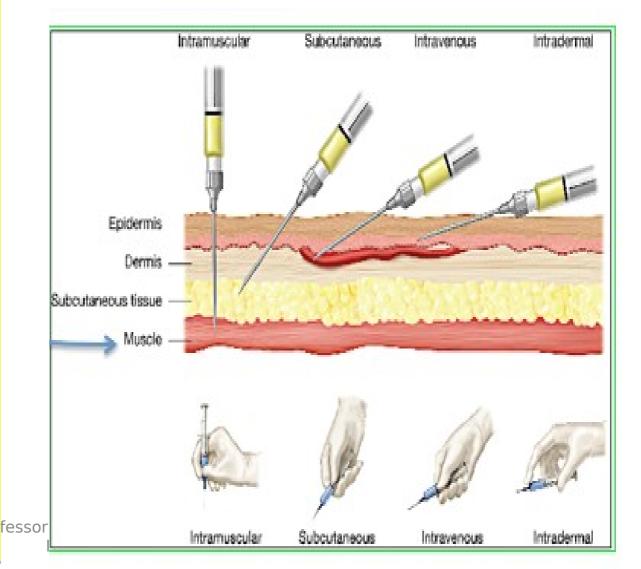
- A. Left superior gluteal
- **B.** Left inferior gluteal
- C. Right superior gluteal
- D. Right inferior gluteal
- E. Sciatic



### **Applied anatomy**

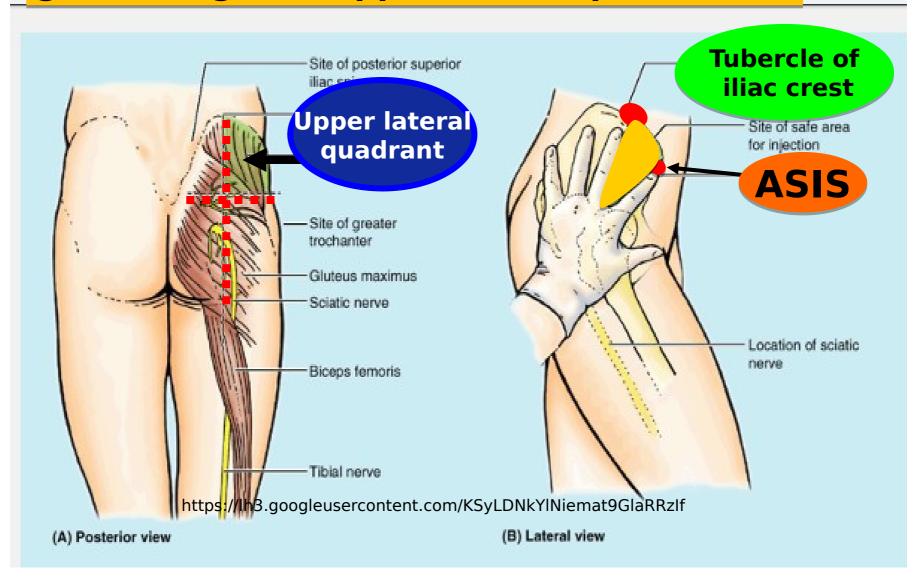


**Because of the** rich vascularity of the glutei muscles, it is advisable to do a short aspiration before an intramuscular injection as the tip of the needle may unfortunately lie inside the lumen of a blood vessel.

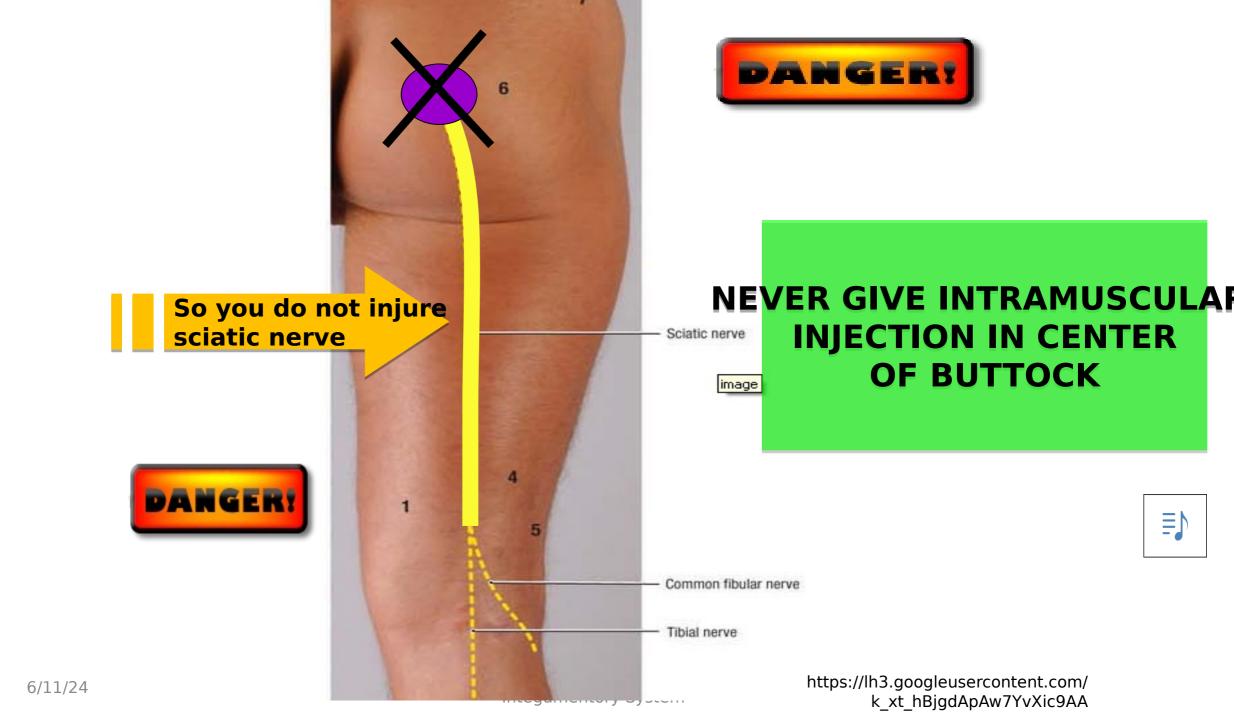


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### Safe site for intramuscular injection in gluteal region [] upper lateral quadrant



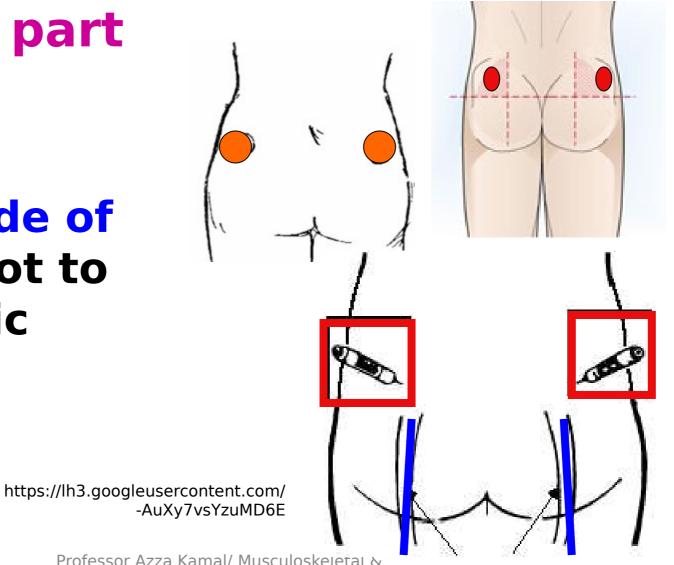




#### Safest site for intramuscular injection

 Superolateral part of buttock

 Avoid medial side of buttock so as not to injure the sciatic nerve 



-AuXy7vsYzuMD6E

# Which of the following quadrants is considered as a safe site for giving an IM injection in the gluteal ?region

- A.Upper medial
- **B.Upper lateral**
- C.Lower medial
- D.Lower lateral
- E.Center of buttock



:Suggested Textbook

Clinical Anatomy for Medical Students Richard S. Snell/ Third Edition

Pages: 569-572, 678, 688